



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. **E469014**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE #	<b>15-02506</b>	
LOCAL AGENCY CODING		
TOTAL # OF UNITS	<b>02</b>	OBJECT STRUCK

TRIBAL RESERVATION	
--------------------	--

M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION <b>10 - 07 - 2015</b>	<b>1542</b>	<b>31</b>		<b>0664</b>
		N <input type="checkbox"/> S <input type="checkbox"/>	E <input type="checkbox"/> W <input type="checkbox"/>	IN <input checked="" type="checkbox"/> OF <input type="checkbox"/>

ON (PRIMARY TRAFFIC WAY) INTERSECTION <input checked="" type="checkbox"/> NON-INTERSECTION <input type="checkbox"/>	BLOCK NO. <input checked="" type="checkbox"/>	MILE POST <input type="checkbox"/>
<b>STATE ROUTE 9</b>	<b>700</b>	

DISTANCE	OF (REFERENCE OR CROSS STREET)
<b>STATE ROUTE 204</b>	

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE
---------	---	--------------------------------------	--	-------

LAST NAME	<b>LUNA</b>	FIRST NAME	<b>RICHARD</b>	MIDDLE INITIAL	<b>A</b>
-----------	-------------	------------	----------------	----------------	----------

STREET NEW ADDRESS	<b>9130 20TH ST SE</b>
--------------------	------------------------

CITY	<b>LAKE STEVENS</b>	ST	<b>WA</b>	ZIP	<b>982584712</b>
------	---------------------	----	-----------	-----	------------------

GDL	RESTRICTIONS	ENDORSEMENTS
-----	--------------	--------------

DRIVER'S LICENSE #	<b>LUNA*RA274LC</b>	STATE	<b>WA</b>	SEX	<b>M</b>	D.O.B. MMDDYYYY	<b>06 - 03 - 1973</b>
--------------------	---------------------	-------	-----------	-----	----------	-----------------	-----------------------

ON DUTY <input type="checkbox"/>	STATUS	AIRBAG <b>2</b>	RESTR. <b>9</b>	EJECT <b>1</b>	HELMET USE	INJURY CLASS <b>7</b>	NATURE OF INJURIES <b>NECK PAIN</b>
----------------------------------	--------	-----------------	-----------------	----------------	------------	-----------------------	-------------------------------------

LICENSE PLATE #	<b>AGH5240</b>	STATE	<b>WA</b>	VIN#	<b>1GNDT13W5V2169206</b>
-----------------	----------------	-------	-----------	------	--------------------------

TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
-----------------	-------	-----------------	-------

VEH. YEAR	<b>1997</b>	MAKE	<b>CHEV</b>	MODEL	<b>BLAZR</b>	STYLE	<b>UT</b>	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-----------	-------------	------	-------------	-------	--------------	-------	-----------	---	----------	---

REGISTERED OWNER INFO. OWNED BY DRIVER

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY # <b>PROGRESSIVE 24260</b>	CITATION #	CHARGE
VEHICLE LEGALLY SANDING YES <input type="checkbox"/> NO <input type="checkbox"/>			



UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE
---------	---	--------------------------------------	-------------------------------------	---	--	-------

LAST NAME	<b>LERCH</b>	FIRST NAME	<b>MARTIN</b>	MIDDLE INITIAL	<b>R</b>
-----------	--------------	------------	---------------	----------------	----------

STREET NEW ADDRESS	<b>3017 124TH AVE NE</b>
--------------------	--------------------------

CITY	<b>LAKE STEVENS</b>	ST	<b>WA</b>	ZIP	<b>982588048</b>
------	---------------------	----	-----------	-----	------------------

GDL	RESTRICTIONS	ENDORSEMENTS
-----	--------------	--------------

DRIVER'S LICENSE #	<b>LERCHMR310PK</b>	STATE	<b>WA</b>	SEX	<b>M</b>	D.O.B. MMDDYYYY	<b>10 - 12 - 1969</b>
--------------------	---------------------	-------	-----------	-----	----------	-----------------	-----------------------

ON DUTY <input type="checkbox"/>	STATUS	AIRBAG <b>2</b>	RESTR. <b>9</b>	EJECT <b>1</b>	HELMET USE	INJURY CLASS <b>7</b>	NATURE OF INJURIES <b>NECK PAIN</b>
----------------------------------	--------	-----------------	-----------------	----------------	------------	-----------------------	-------------------------------------

LICENSE PLATE #	<b>LERCH</b>	STATE	<b>WA</b>	VIN#	<b>1FMNU42F52EC93303</b>
-----------------	--------------	-------	-----------	------	--------------------------

TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
-----------------	-------	-----------------	-------

VEH. YEAR	<b>2002</b>	MAKE	<b>FORD</b>	MODEL	<b>EXCRSN</b>	STYLE	<b>UT</b>	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-----------	-------------	------	-------------	-------	---------------	-------	-----------	---	----------	---

REGISTERED OWNER INFO. OWNED BY DRIVER

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY # <b>METROPOLITAN 3003028570</b>	CITATION #	CHARGE
VEHICLE LEGALLY SANDING YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			



OFFICER'S NAME (PRINT)	<b>R. RUTHERFORD</b>	BADGE OR ID #	<b>0130</b>	AGENCY	<b>WA0311900</b>
------------------------	----------------------	---------------	-------------	--------	------------------



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E469014**

CASE # **15-02506**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		<b>GISVOLD CHRISTINA L</b>																
ADDRESS & PHONE #		<b>16737 AURORA AVE N SHORELINE WA 981335310</b>										SEX	<b>F</b>	D.O.B. MMDDYYYY	<b>02</b>	<b>16</b>	<b>1981</b>	
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	<b>1</b>	SEAT POS.	<b>3</b>	AIRBAG	<b>2</b>	RESTR.	<b>9</b>	EJECT	<b>1</b>	HELMET USE		INJURY CLASS	<b>7</b>	NATURE OF INJURIES <b>HEAD PAIN</b>
NAME (LAST, FIRST, MIDDLE INITIAL)		<b>LERCH CHLOE J</b>																
ADDRESS & PHONE #		<b>3017 124TH AVE NE LAKE STEVENS WA 982588048</b>										SEX	<b>F</b>	D.O.B. MMDDYYYY	<b>04</b>	<b>02</b>	<b>2002</b>	
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	<b>2</b>	SEAT POS.	<b>3</b>	AIRBAG	<b>2</b>	RESTR.	<b>4</b>	EJECT	<b>1</b>	HELMET USE		INJURY CLASS	<b>7</b>	NATURE OF INJURIES <b>NECK PAIN</b>
NAME (LAST, FIRST, MIDDLE INITIAL)		<b>LERCH RAINER S</b>																
ADDRESS & PHONE #		<b>3017 124TH AVE NE LAKE STEVENS WA 982588048</b>										SEX	<b>M</b>	D.O.B. MMDDYYYY	<b>04</b>	<b>02</b>	<b>2002</b>	
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	<b>2</b>	SEAT POS.	<b>7</b>	AIRBAG	<b>2</b>	RESTR.	<b>4</b>	EJECT	<b>1</b>	HELMET USE		INJURY CLASS	<b>7</b>	NATURE OF INJURIES <b>NECK PAIN</b>

NARRATIVE

Vehicle 2 was NB on SR9 NE in the 700 block. Vehicle 2 approached the 4 way signal controlled intersection with SR204. The signal was red and vehicle 2 was in the right turn lane to go into the shopping center at Frontier Village. Vehicle 2 driver said that a pedestrian was in the marked crosswalk and he was waiting for the pedestrian to cross. Vehicle 2 driver said he was rear ended by vehicle 1. Both vehicles then pulled around the corner onto 92nd Street NE. All the occupants of both vehicles were transported to Providence Medical Center with various neck pain complaints. The vehicles were left secured at the scene.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

**R. RUTHERFORD**

**10-08-15 07:39 AM**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

DATE

**SGT. C. VALVICK 0071**

**10/8/2015 10:08:27 AM**

BADGE OR ID # **0130**

ORI # **WA0311900**

TIME POLICE DISPATCHED **3:43 PM**

TIME POLICE ARRIVED **3:48 PM**



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E469014**

CASE # **15-02506**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		<b>TURNER HAVEN T</b>																
ADDRESS & PHONE #		<b>12800 17TH STREET NE LAKE STEVENS WA 98258 4253217404</b>																
SEX		U		D.O.B. MMDDYYYY		02		-		15		-		2002				
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS.	9	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	7	NATURE OF INJURIES <b>NECK PAIN</b>
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #																		
SEX				D.O.B. MMDDYYYY				-				-						
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #																		
SEX				D.O.B. MMDDYYYY				-				-						
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

Vehicle 2 was NB on SR9 NE in the 700 block. Vehicle 2 approached the 4 way signal controlled intersection with SR204. The signal was red and vehicle 2 was in the right turn lane to go into the shopping center at Frontier Village. Vehicle 2 driver said that a pedestrian was in the marked crosswalk and he was waiting for the pedestrian to cross. Vehicle 2 driver said he was rear ended by vehicle 1. Both vehicles then pulled around the corner onto 92nd Street NE. All the occupants of both vehicles were transported to Providence Medical Center with various neck pain complaints. The vehicles were left secured at the scene.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

**R. RUTHERFORD**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

**10-08-15 07:39 AM**

DATED

PLACE SIGNED

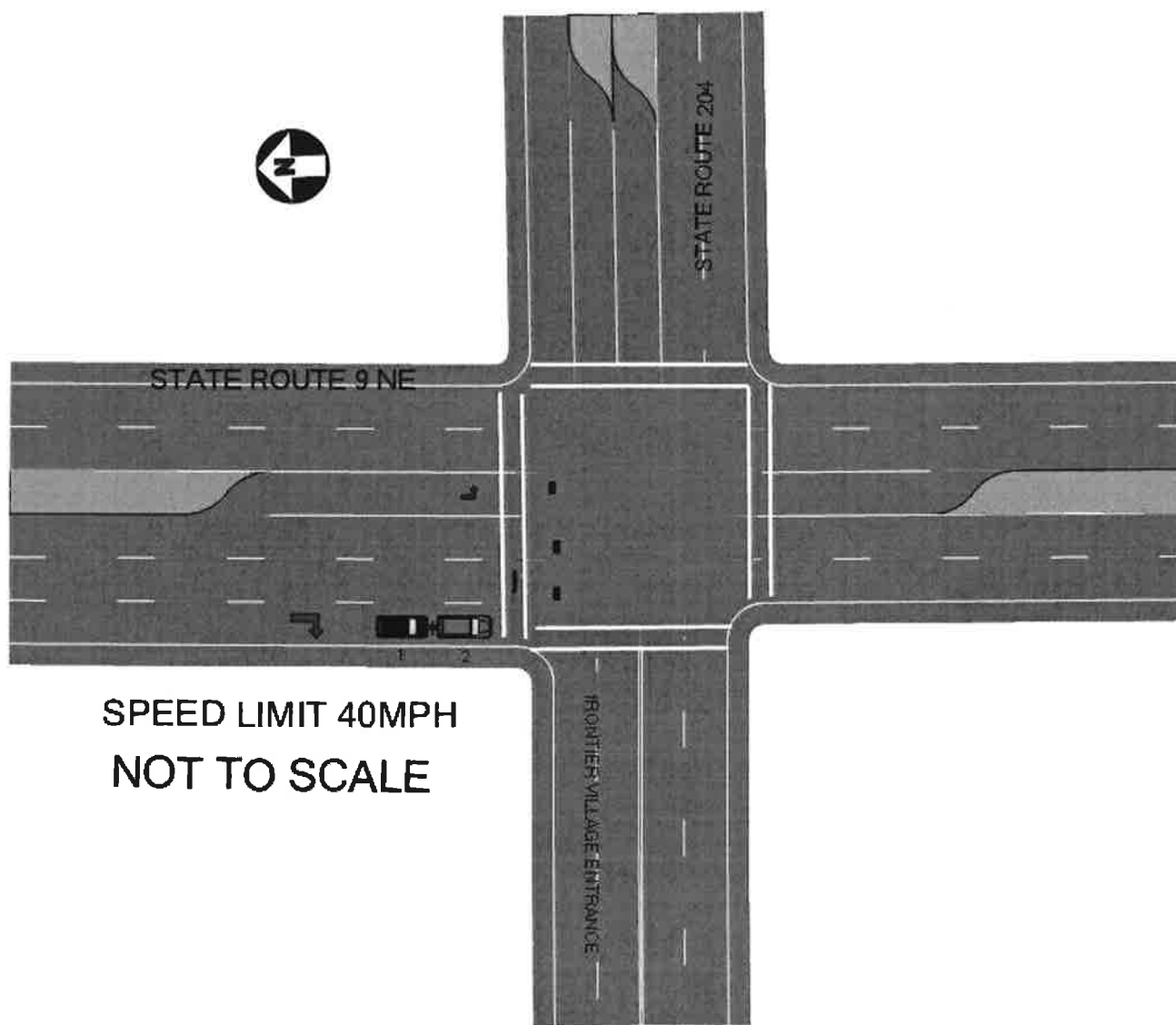
APPROVED BY

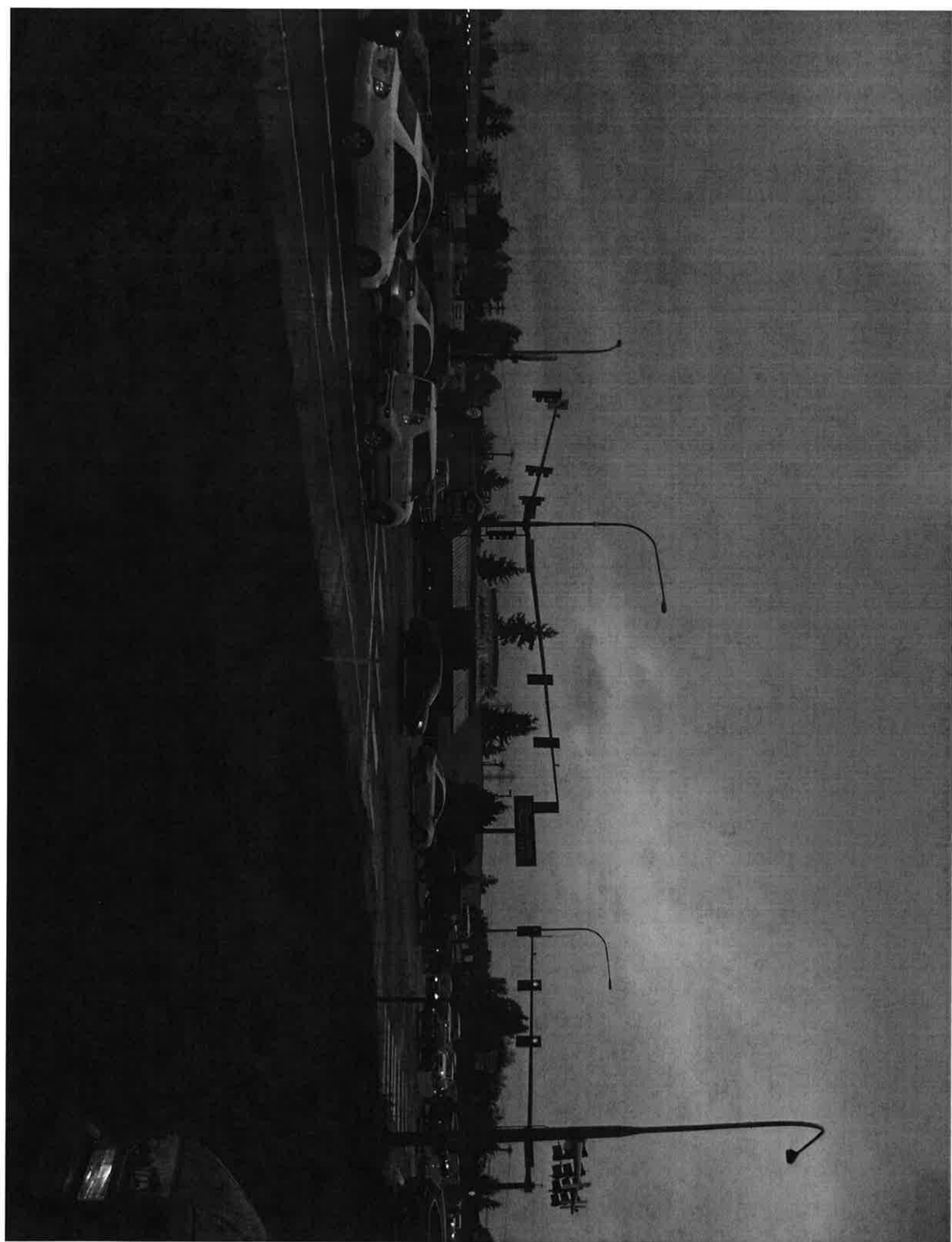
**SGT. C. VALVICK 0071**

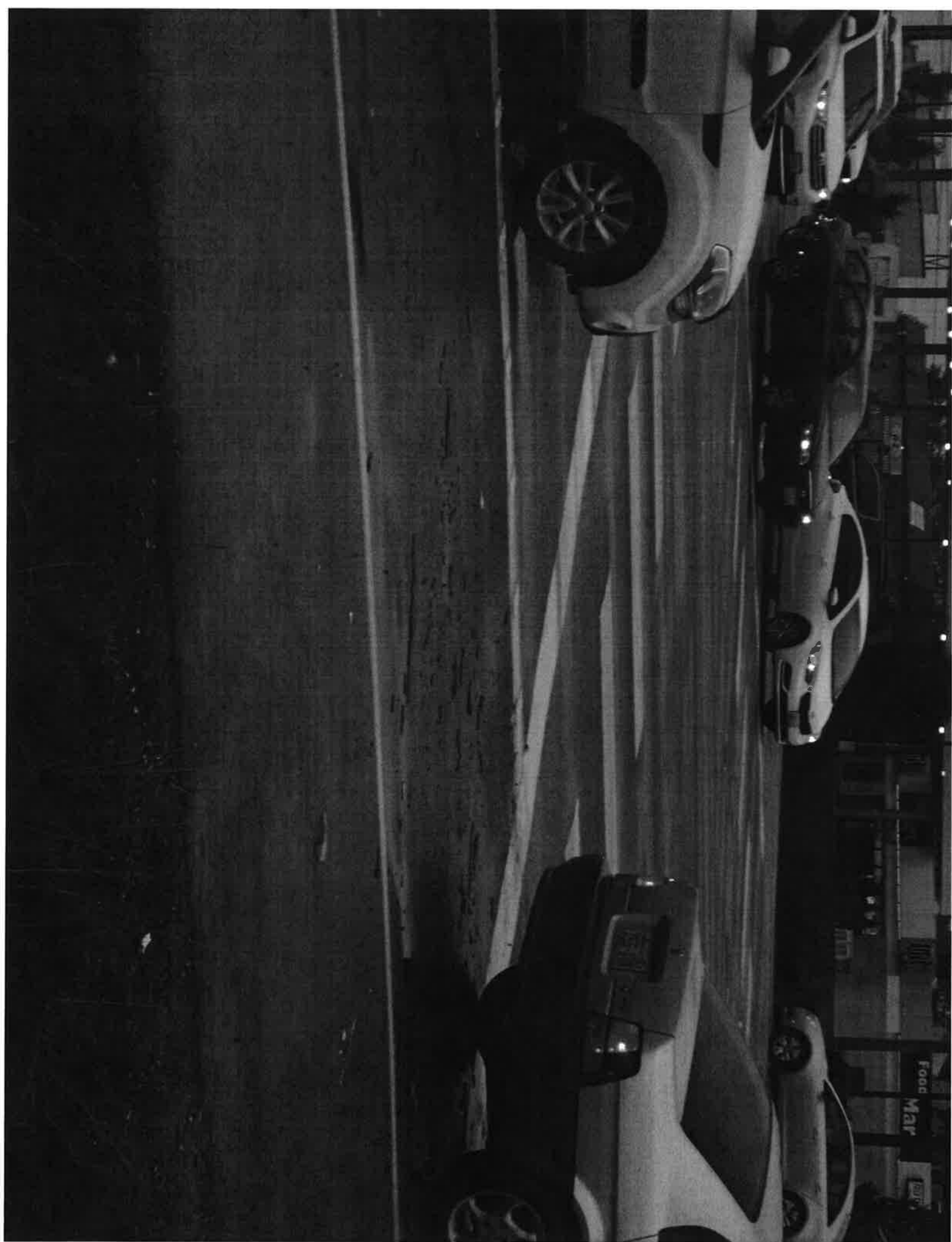
DATE

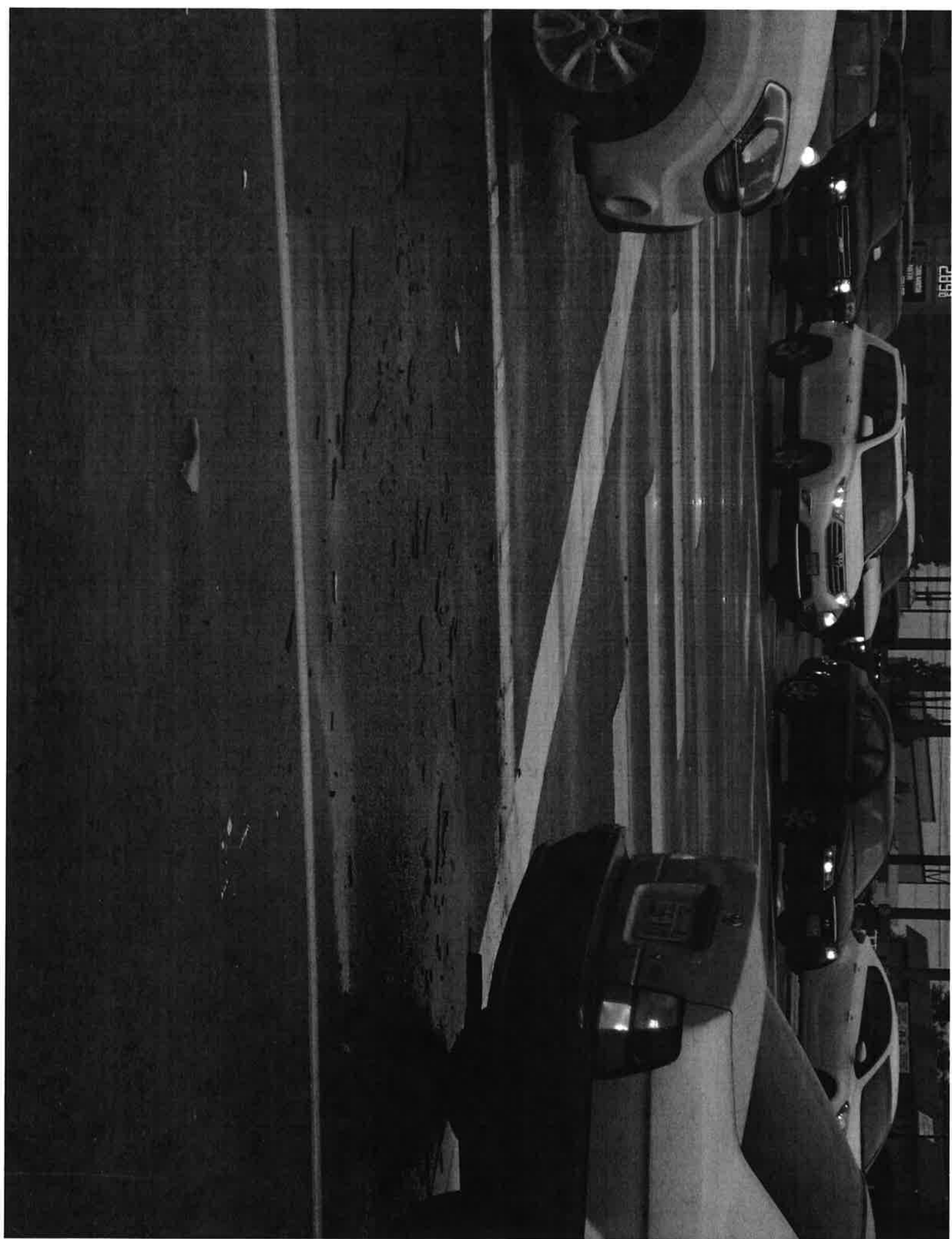
**10/8/2015 10:08:27 AM**

BADGE OR ID #	<b>0130</b>	ORI #	<b>WA0311900</b>	TIME POLICE DISPATCHED	<b>3:43 PM</b>	TIME POLICE ARRIVED	<b>3:48 PM</b>
---------------	-------------	-------	------------------	------------------------	----------------	---------------------	----------------

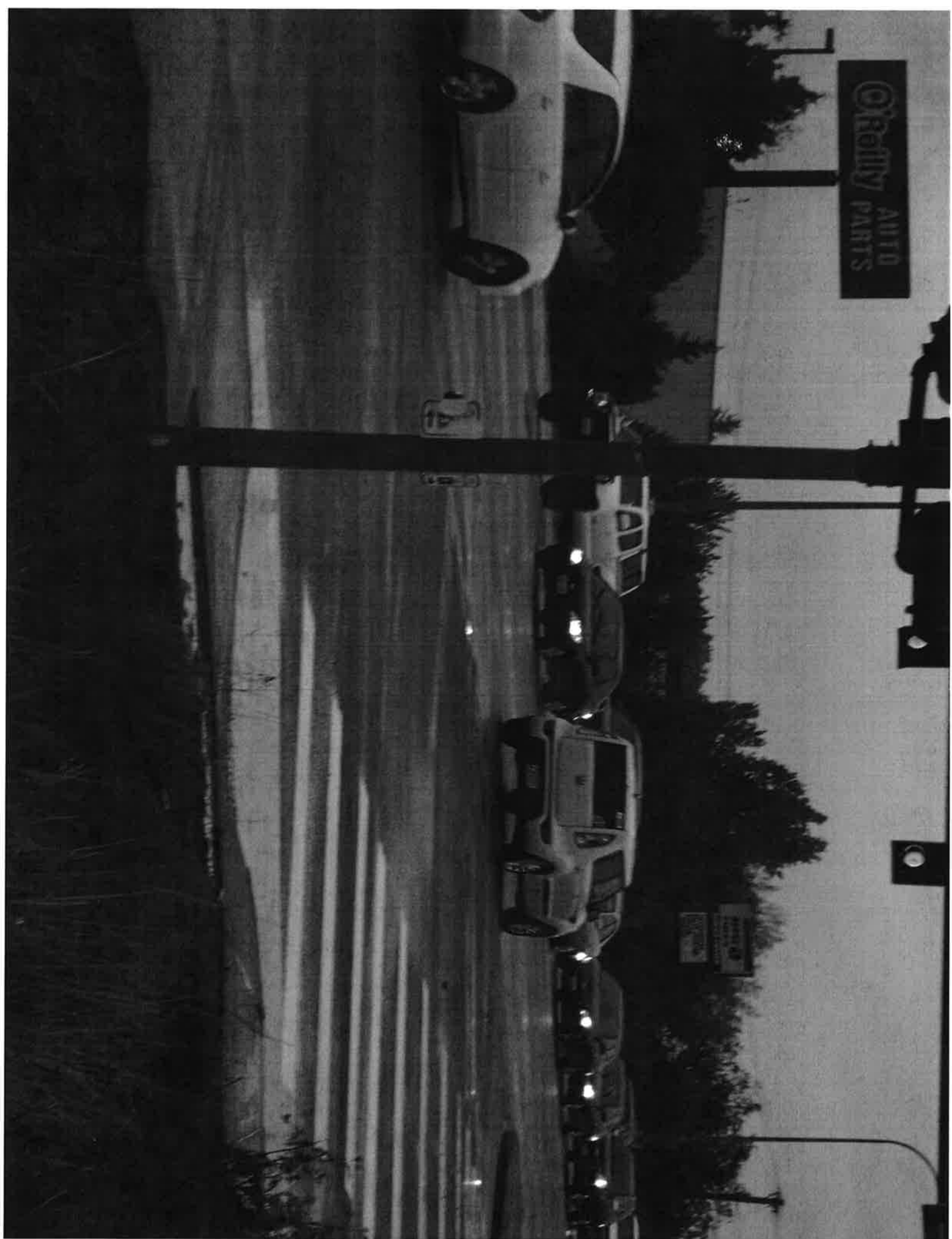




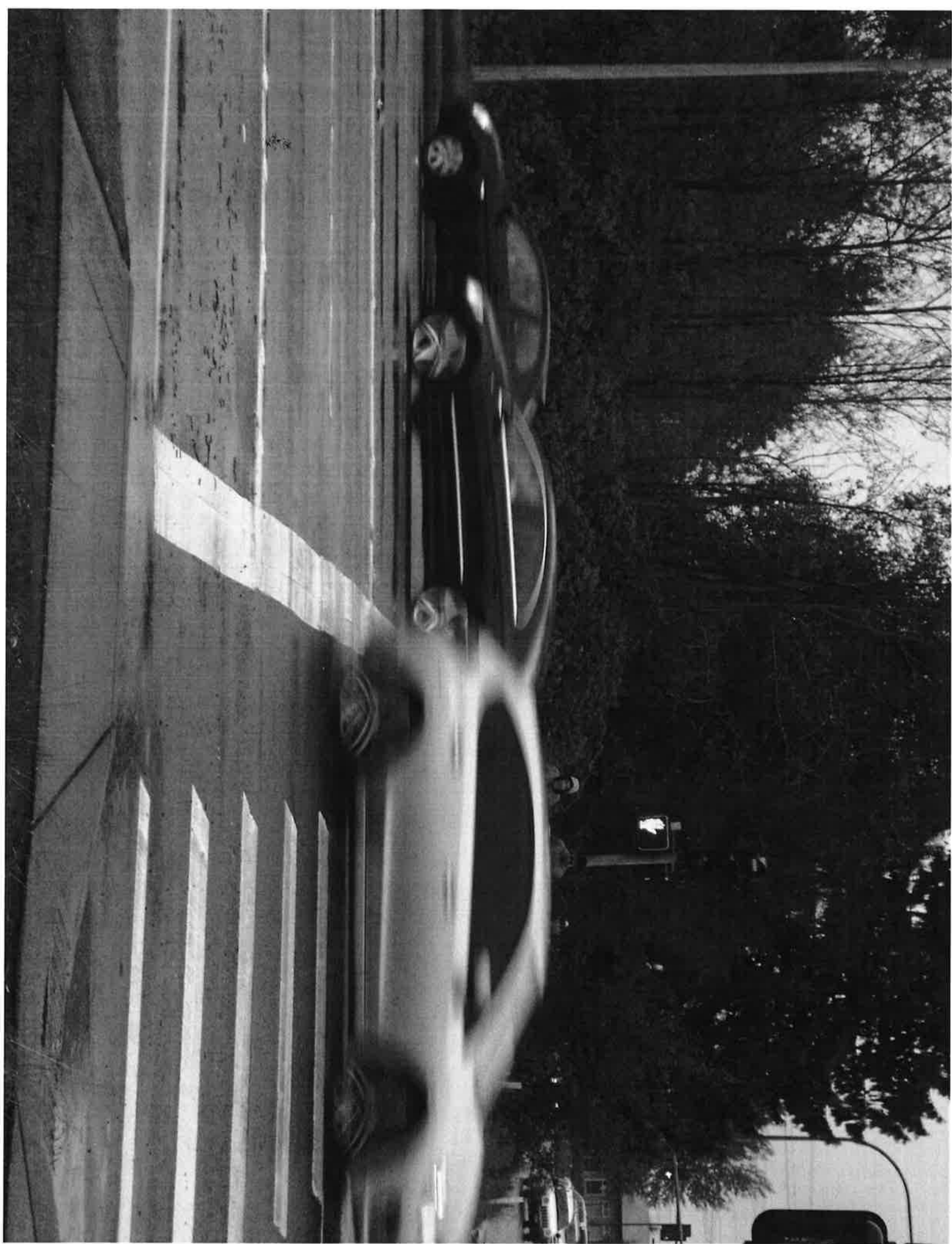


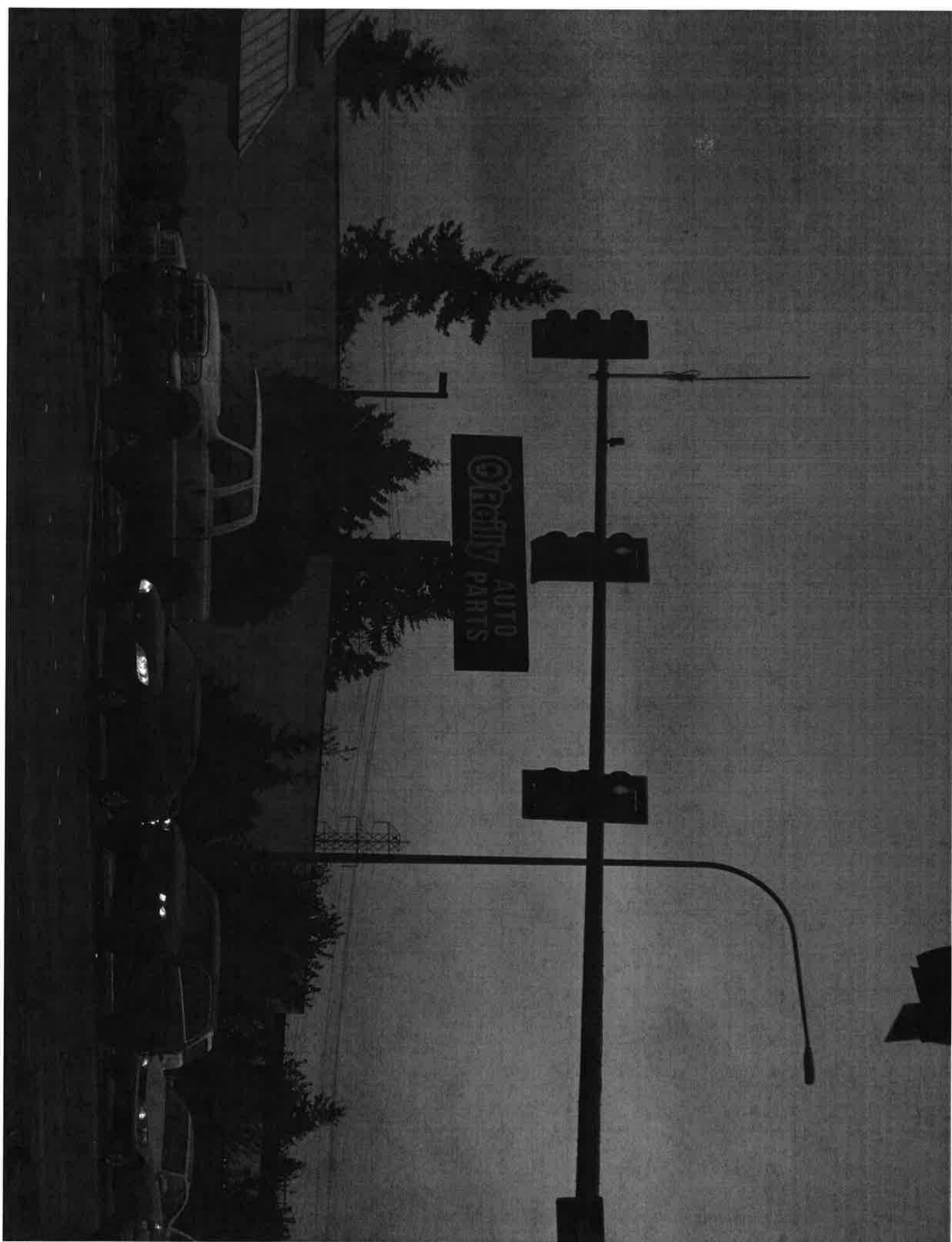


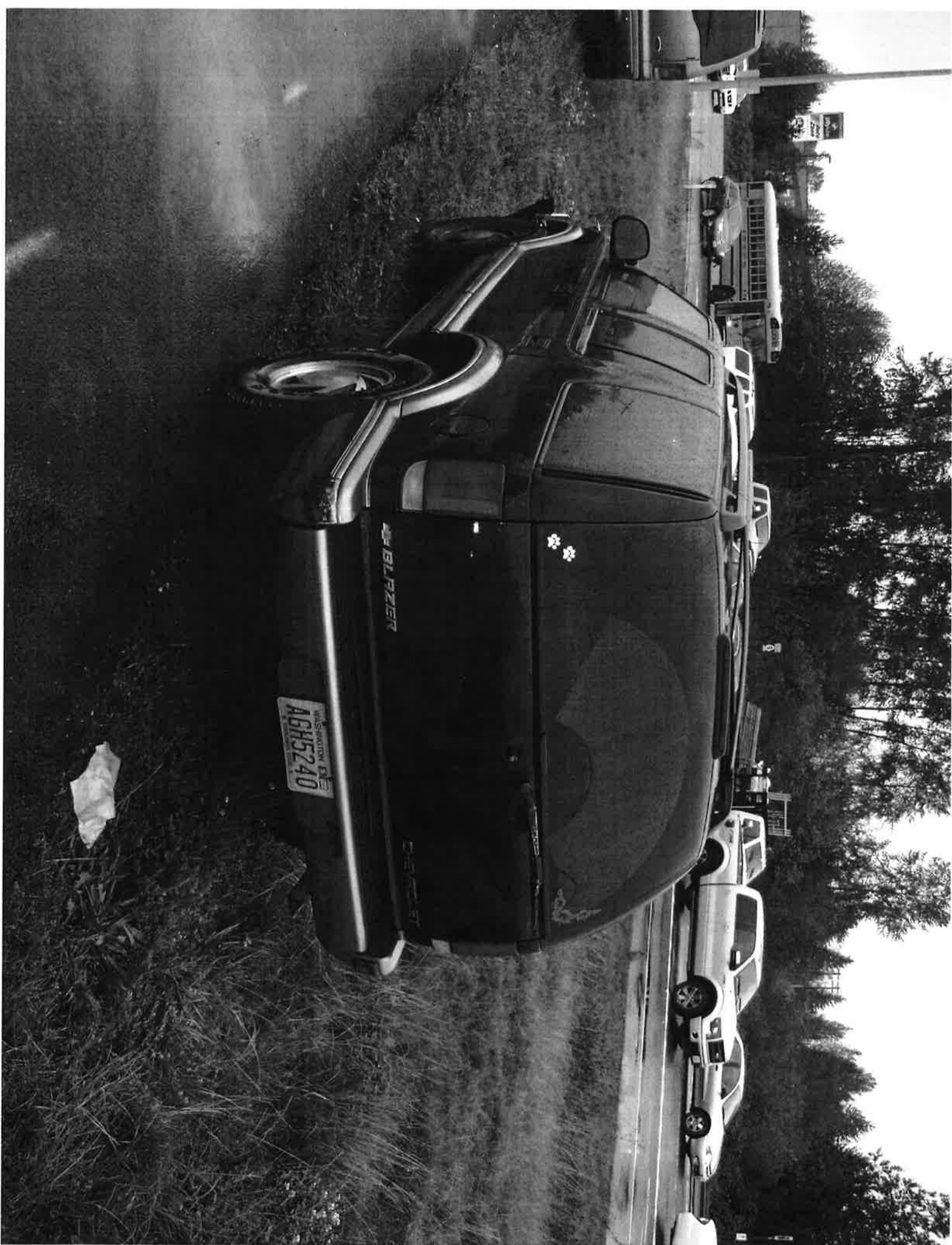


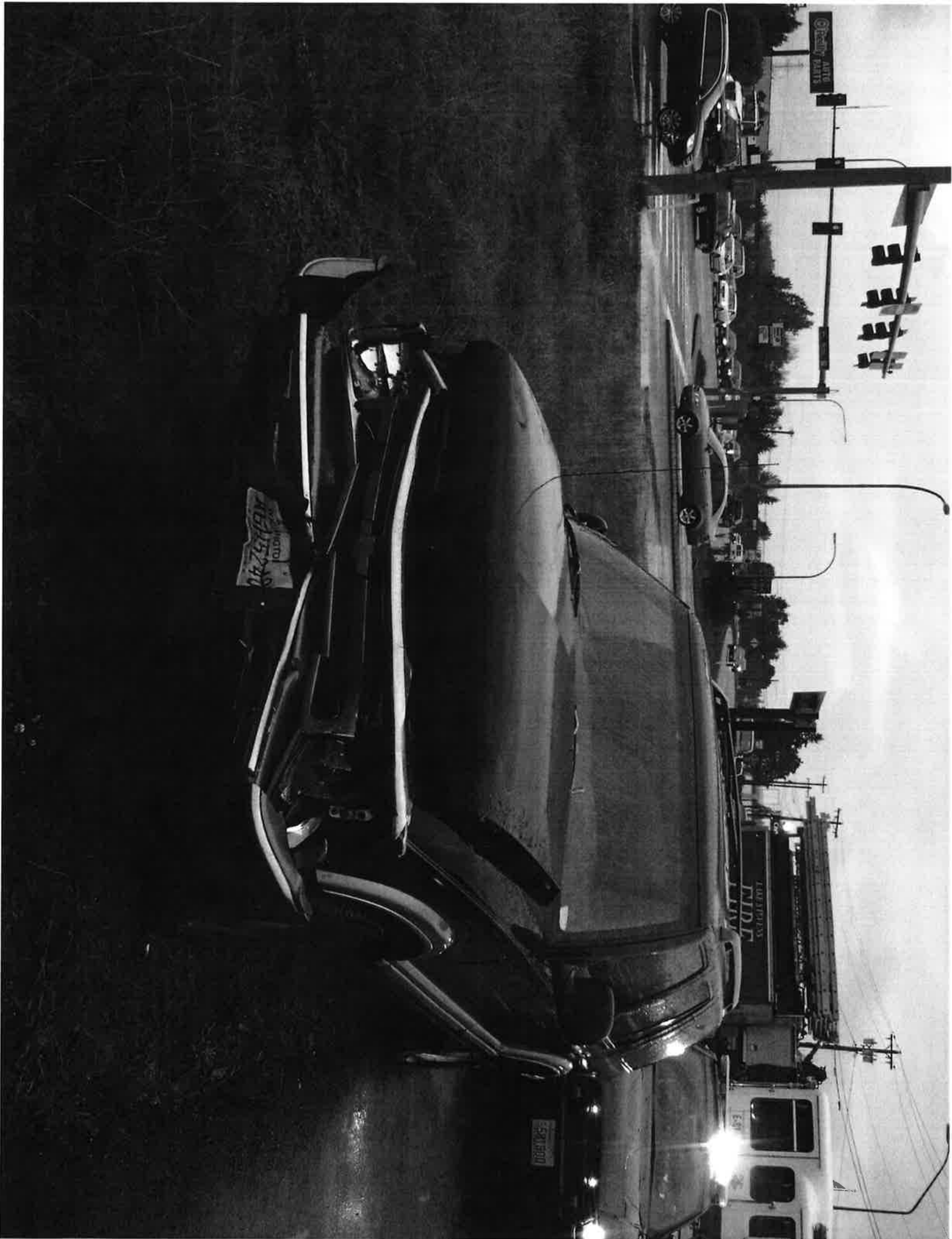


















LAKE STEVENS POLICE EVIDENCE UNIT	Primary Officer/Badge Number <i>W. H. H. #130</i>	Case Number <i>15-02506</i>
Type of Crime: Felony / Misdemeanor (Circle)	Type of Case: <i>Collision</i>	Date/Time: <i>10-07-15</i>

Action Number: *3* ~~EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING~~ \*Evi will be held until court dispo or when the Statute of Limitations has expired  
 \*Found and Sfgk will be held for 60 days or 60 days past owner notification

Item # <i>1</i> Action # <i>3</i>	Item <i>Phar CP</i>	Brand Name		Storage Location	Disposition
	Brand/Model/Caliber		(Further Description)		
	Serial #	Where Found	Weight of Narcotic		

Owner's Name	Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions						

Item #  Action #	Item	Brand Name		Storage Location	Disposition
	Brand/Model/Caliber		(Further Description)		
	Serial #	Where Found	Weight of Narcotic		

Owner's Name	Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions						

Item #  Action #	Item	Brand Name		Storage Location	Disposition
	Brand/Model/Caliber		(Further Description)		
	Serial #	Where Found	Weight of Narcotic		

Owner's Name	Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions						

Item #  Action #	Item	Brand Name		Storage Location	Disposition
	Brand/Model/Caliber		(Further Description)		
	Serial #	Where Found	Weight of Narcotic		

Owner's Name	Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions						

Item #  Action #	Item	Brand Name		Storage Location	Disposition
	Brand/Model/Caliber		(Further Description)		
	Serial #	Where Found	Weight of Narcotic		

Owner's Name	Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions						

Evidence Control Use Only:			
Received by Evidence:	NCIC/WACIC <input checked="" type="checkbox"/>	Date:	CAD/RMS Checked
Name: _____ # _____	NCIC/WACIC +	Date:	Owner Letter Sent:
Date: _____ Time: _____	NCIC/WACIC -	Date:	Owner Letter Sent:
			ROUTING: _____
			White: Property Room
			Yellow: Case File

Case # *1502506*



Incident History for: #SS15020184 Xref: #AG15003118

Case Numbers: \$SS15002506

Entered 10/07/15 15:41:54 BY SPDF25 SP0325  
Dispatched 10/07/15 15:43:39 BY SPDP17 SP0274  
Enroute 10/07/15 15:43:39  
Onscene 10/07/15 15:48:35  
Closed 10/07/15 16:39:28

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H

Police BLK: SS002 Fire BLK: AG1518 Map Page: 397E-1 Group: SS1 Beat: WEST

Src: T

Loc: SR 204/SR 9 NE ,LKS (V)

Loc Info:

Name: LERCH MARTIN

Addr:

Phone: 7023210908

/1541 (SP0325) ENTRY , REAR END, HEAD PX  
/1542 CROSS #AG15003118  
/1542 SUPP TXT: NON BLKING, BLK CHEV BLAZER VS GRY FORD EXC  
URSION  
/1543 (SP0274) AGCADV , BOLO  
/1543 DISPER 19D3 #SS130 RUTHERFORD, OFCR (RICH)  
/1543 (SP0325) SUPP NAM: LERCH MARTIN,  
PHO: 7023210908,  
TXT: VEHS HAVE MOVED TO THE SIDE ST PARALLEL TO  
SR 9  
/1548 (SP0274) ONSCNE 19D3  
/1555 (\*\*\*\*\*) REMINQ 19D3 AGH5240  
/1555 (SP0274) REMINQ 19D3 LIC, 19D3, AGH5240, , ,  
/1555 (\*\*\*\*\*) REMINQ 19D3 LERCH  
/1555 (SP0274) REMINQ 19D3 LIC, 19D3, LERCH, , ,  
/1605 (SP0194) ASNCAS 19D3 \$SS15002506  
/1636 (SS130 ) \*MISC 19D3 , VEH 2 R/F LERCH, CHLOE J 040202. L/R LERCH, RAIN  
ER S 040202. R/R TURNER, HAVEN T 021502. 12800 I  
7TH STREET NE #4 4253217404  
/1637 \*MISC 19D3 , 5 TRANSPORTED TO PROV. VARIOUS NECK PAINS  
/1639 \*CLEAR 19D3 D/H  
/1639 CLOSE 19D3